150M - 140 - 1416

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 JAN 20 AM 8: 55

Office Use Only

1.	NAME OF		
	COMMITTEE	(în	full)

TYPE OR PRINT ▼

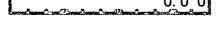
Example: If typing, type over the lines.

12FE4M5

Communities Applied Policy Strategies				
ADDRESS (number and street) 7654 Isley Avenue				
Check if different than previously reported. (ACC) Las Vegas NV 89147 4003				
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲				
C 0 0 5 7 0 5 3 1 3. IS THIS NEW AMENDED (N) OR (A)				
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (Q1) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (Q1) Termination Report (TER) (b) Monthly Report (PE) Mar 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Bection Year Only) Dec 20 (M12) (Non-Bection Year Only) Part 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Primary (12P) General (12G) Special (12S) Election on Felorition of Port (Non-election Year Only) (MY) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Bection Year Only) Dec 20 (M12) (Non-Bection Year Only) Part 20 (M3) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Convention (12C) Special (12S) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Bection Year Only) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M3) Jul 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Bection Year Only) Feb 20 (M3) Feb 20 (M5) Feb 20 (M6) Feb 20 (M5) Feb 20 (M				
5. Covering Period 11 / 19 / 2014 through 101 / 31 / 2015				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Robert Martinez				
Signature of Treasurer Date O1 19 0 / 2015 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
Office Use Only FEGAN026				

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Communities Applied Policy Strategies** Report Covering the Period: From: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 2015 January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 0 0 0 0.006(a) and 6(c) for Column B)..... 0.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO

the Committee (Itemize all on Schedule C and/or Schedule D)



0.00

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE of Receipts

Page 3

Write or Type Committee Name
Communities Applied Policy Strategies

Re	eport Covering the Period: From:	T) (19) (2 0 1 4) To:	"01") / [°31"] / [2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.000
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	O.OOO	0.00
	(b) Political Party Committees	0.00	on and beautiful and the second and
12.	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	COOO	0.000
	All Loans Received	the consider and week () were the week to meek to meek to meek to meek to meek to meek a see of grant of the consideration of the cons	de constitue de de la constitue de la constitu
	Loan Repayments Received	Constitution of the configuration of the configurat	0.00 https://www.downdowndowndowndowndowndowndowndowndown
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.)	0.00	
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	при	in the continue of the continu
	(b) Levin Funds (from Schedule H5)	0.00 for the second sec	0,00 0
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	O.OO	contraction of the second seco
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	grand

THE PARTY OF THE PROPERTY OF T

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures (a) Allocated Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	terment frames f	Samuel
	(ii) Non-Federal Share	O. O O	0.00
	(b) Other Federal Operating Expenditures	0.00	
	(c) Total Operating Expenditures	de en entre de la completación de La completación de la completación	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
22 .	Transfers to Affiliated/Other Party Committees	0.00	0.00
23 .	Contributions to Federal Candidates/Committees	terre la montant de la financia de la media medi	and the control of th
	and Other Political Committees	0.00	0.00
24.	Independent Expenditures (use Schedule E)	0.00	0.00
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	to a martin a martin a martin a continue se de mendia a ce de martin a martin a continue se de martin a martin	frame former former former former frame former form
	(use Schedule F)	0.00 f	0.00 marking and the continue of the continue
26.	Loan Repayments Made	0.00	. 0.00
	·	terminante production de la constant	TO:00
	Loans Made Refunds of Contributions To:	0.00	handa alam Handamala alam da malamala alam
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	•	and the second s	and a superior of the superior
	(b) Political Party Committees	Control to control to the control of	
•	(such as PACs)	0.00	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
			the contraction of the second contraction of
29.	Other Disbursements	0.00 f	0.00 frame the continue of the
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		•
	(from Schedule H6) (i) Federal Share	0.00 g	0.00
		the same to consider a substitute of the conference for a such management of the conference of the con	in 0.00 l
	(ii) "Levin" Share	0.00	handre de sold de sold and best la sold
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	monorthernaliseral	D. O O
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Brown Character Statement Debrace Colores Colo	temperaturement was the Column to the control of the Column to the Colum
31.	Total Disbursements (add Lines 21(c), 22,	the summer translation and the manufacture of the summer tensor that the summer of the summer of the summer of	Contract and market contract and control of control of the control
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	leadiredirediredirediredirediredirediredire	terestherestherestherestratetherestratetherestrate
	from Line 31)	0.00 Parametrane (Consection and Consection and Con	0.00 language and the control of the

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	TEO TOTAL SA (NEV. 02/2003)	•	raye J
111	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) (from Line 11(d), page 3) Total Contribution Refunds	convertines of the second seco	Comments and reconstructions were the second to meet a comment comments are not comments.
35.	(from Line 28(d))	O.00	U.O. O.
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	
38 .	Net Operating Expenditures (subtract Line 37 from Line 36)	ระบบการและเหมือนการสุดการกระบบคระบบคระบบคระบบคระบบคระบบคระบบคระบ	10.00 mm

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	lies congrete eshedulate)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements m	ay not be sold or used by any pe	┖╸╽╴╵┈┈╬╸╽┈┈╬╸╽ ┈
or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)	nation Dalian Charteries	
/ Communities A	pplied Policy Strategies	5
Full Name (Last, First, Middle Initial)		T
A		Date of Receipt
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0.00
Name of Employer Occupation		
Deimon, Conord	Year-to-Date ▼	
Primary General Other (specify)	0.00	
La Complementaria		i
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Andread , Land , the same
City	7in Codo	- Instituted landsome
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		0.00
federal political committee.	and the second s	and and and and and and and and and
Name of Employer Occupation	n —	-
Receipt For: Aggregate Primary General	Year-to-Date ▼	.1
Other (specify)	A A A	
- Indiana		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		- Company of the control of the cont
Cibe	Zin Cod-	Learning lauritement beautiquestiment
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	minantendiaminantendiamina of	Amount of Each Receipt this Period
federal political committee.	and and an above the section of	
Name of Employer Occupation	n	4
Receipt For: Aggregate Primary General	Year-to-Date ▼	
Other (specify) ▼		
	and the column to conti Dancel and a second a	
SUBTOTAL of Receipts This Page (optional)	0.00	
TOTAL This Desired float and the high		O. O O
TOTAL This Period (last page this line number only)		

IT

SCHEDULE B (FEC FORM SX)		Use separate schedule(s)	FOR LINE		PAGE OF
ITEMIZED DISBURSEMENTS		for each category of the	(check only	one) 22 23	24 25 26
		Detailed Summary Page	27	28a 28b	28c 29 30b
	ny information copied from such Reports and Statem	ents may not be sold or use			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
7	NAME OF COMMITTEE (In Full)	ica Applied Delieu C	`testasias		
angle	Communit	ies Applied Policy S	strategies		
L	Sull Marrie III and Grant Middle In Wall			· · · · · · · · · · · · · · · · · · ·	
Α.	Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
Λ.					/ ***** *******************************
	Mailing Address				and and the same the same
	City	tate Zip Code		····································	
	Purpose of Disbursement				
	Tapasa di Biazarasinani	•		Amount of Each Dis	bursement this Period
	Candidate Name		Category/	Second meridians durant second	0.00
			Type		mark Thomstown Characters of
	Office Sought: House Disbursen	_			
	<u> </u>	Primary ☐ General Other (specify) ▼			
	State: District:	Cinci (specify)			
_	Full Name (Last, First, Middle Initial)	<u> </u>			
В.				Date of Disburseme	nt
				MANN / POTO	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Mailing Address				Commission Commission and
	City	State Zip Code			
	Purpose of Disbursement		Susantananta and		
					bursement this Period
	Candidate Name		Category/ Type		0.00
	Office Sought: House Disbursen	nent For:	-754		
	Senate	Primary General			
		Other (specify) ▼			
_	State: District:				
C.	Full Name (Last, First, Middle Initial)			Date of Disburseme	ent .
U.				Date of Dispulseing	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing Address		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	control bases of law and decreased
	City	State Zip Code		· ,	
	Purpose of Disbursement	<u> </u>	Parameter of Street		
				Amount of Each Dis	sbursement this Period
	Candidate Name		Category/ Type		0:00
	Office Sought: House Disburser	nent For:	- JF -	Lance State of Long States and Comments	tanat Deschwerbereit Deschwerb
		Primary General			
	President	Other (specify) ▼	•		
_	State: District:			<u> </u>	 _
٩	SUBTOTAL of Disbursements This Page (optional)				0.00
上				the section of the se	hamilanahan lasahan kanadan s
1	FOTAL This Period (last page this line number only)			manufaces Count Describer	0.00
_					

SCHEDULE C	(FEC	Form	3X)
LOANS			

CHEDULÉ C (FEC Form 3X)	
DANS	Use separate schedule(s) PAGE OF
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) Communities Applied Police	y Strategies
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
·	Primary
	General
Mailing Address	Other (specify) ▼
City State ZIP Co	de
Original Amount of Loan Cumulative Payment To	
0.00	0.00
TERMS Date Incurred Date Due	Interest Rate Secured:
broadware broadcast baselines Cresidents baselines broadcast	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
į.	Amount
City State ZIP Code	Guaranteed O. 0° 0 Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Emeral resemble sent from the confinence of the confinence
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	O none of the management of the control of the cont
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full) Communities	Applied Policy Strategies		IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name		0.00	100/
	Transplantations (7) transfer and transfer to the section and	6	0%%
Mailing Address		L. Markethan	1 8 4 8 1 7 7 7 7 7 7 7
	Date Incurred or Established		Company Company Company
City State Zip Code	Date Due	M 4 W	
A. Has loan been restructured? No Yes	If yes, date originally incurred	d (
B. If line of credit,	Total		
Amount of this Draw:	0.00 Outstanding Balance:	Samuel and 7	
C. Are other parties secondarily liable for the debt incu	ırred? must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or oth	of deposit, chattel papers,		value of this collateral?
No Yes If yes, specify:		manther out year (7	Named and Daniel and State of
			nder have a perfected security
E. Are any future contributions or future receipts of into	erect income pladand as	interest in it	
	, specify:		estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
Mark / Dap / Again	City, State, Zip:		
handaral barrier barrier			
If neither of the types of collateral described above with the loan amount, state the basis upon which this loan amount.			
G. COMMITTEE TREASURER		DATE	
Typed Name Robert Martinez			/ 10 10 / 12015 TY
Signature Klathur		201	Accordance SuperConnections Accord
H. Attach a signed copy of the loan agreement.	<u> </u>		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above.		nation regard	ing the extension of the loan
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for			
similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has			
complied with the requirements set forth at 11			
AUTHORIZED REPRESENTATIVE Typed Name		DATE	··
Signature .	Title		1 6 4 6 1 4 3 4 5 4 5 4 5 4 5
		Landaum	houses become been been been been been been been be

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

rcluding Loans			numbered line)	(cneck only one)	1 ₀
IAME OF C	COMMITTEE (In Full)				
A. Full	Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of (Debt (Purpose):	-
Mailing A	Address				:
City	State	Zip Code			
The state of the s	anding Balance Beginning This Period				
	Amount Incurred This Period 0.00	Payment This Period 0.0	00	ing Balance at Close of	0.00
B. Full N	lame (Last, First, Middle Initial) of Debtor o	or Creditor	Nature of I	Debt (Purpose):	
Mailing /	Address				
City	State	Zip Code			
	Amount Incurred This Period 0.00 Amount Incurred This Period	Payment This Period O.		ing Balance at Close of	0.00
C. Full	Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):	
Mailing A	Address			•	
City		State Zip Code			
Extractions Considerate	Amount Incurred This Period	Payment This Period		ing Balance at Close of	0.00
I) SUBTO	TALS This Period This Page (optional)		>	panan ganan ganan ganan ganan ganan ga kanal Ibanahan mbanat Ibanahan da yann ganan ganan ganan ganan ganan ga	0.00
2) TOTAL	S This Period (last page this line number	only)	>	partitional accordance (partitional)	0.00
3) TOTAL	OUTSTANDING LOANS from Schedule C	(last page only)	Treasure Company	book I have have been to I have been also	STATE OF BRIDE
4) ADD 2)	and 3) and carry forward to appropriate t	ine of Summary Page (last page on	ıly) ▶	han (I have to mark han a till come to mark to	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NA	Communities Applied Policy Strategies	FEC IDENTIFICATION NUMBER ▼
Ch	neck if 24-hour report 48-hour report New report Amends report	t filed on
	Full Name (Last, First, Middle Initial) of Payee Mailing Address	Date
	City State Zip Code	0.00
	Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District: President
	Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
• •	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
	Full Name (Last, First, Middle Initial) of Payee	Date , Bub , Varyana
	Mailing Address	Amount
	City State Zip Code	0.00
	Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District: President
	Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	0.00
	(b) SUBTOTAL of Uniternized Independent Expenditures	0.00
	(c) TOTAL Independent Expenditures	0.00
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
!	Signature	01 19 2015

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))						PAGE	OF		
(10 be used only by Political Committees in the General Election)					Election)	FOR LINE 2	5 OF FORM 3X		
NAME OF COMM	IITTEE (In Full) (Commun	ities	Applied	Policy S	Strategi	es		
-	ee been designated to manditures by a political party		Full N	Name of Sub	ordinate Com	mittee			
If YES, name the	designating committee:		Mailir	ng Address	-		Sta	ate ZIP	Code
Full Name (La	ast, First, Middle Initial) of	Each Payee	<u> </u>	-··· <u>.</u>		Pü	rpose of Exp	enditure	Category/
Mailing Addre	ss		-						Туре
City		State		Zip Code			Date /	000	
Name of Fed	eral Candidate Supported	Office Sough	ıt:	House Senate Presidential	State: District:		Amount		0.00
	eneral Election or this Candidate		hanna Carr		CD-0-1				
Full Name (L. Mailing Addre	ast, First, Middle Initial) of	Each Payee				Pu	rpose of Exp	penditure	Category/ Type
City		State		Zip Code			Date	8087	~ ~ ~ ~ ~ . .
Name of Fed	eral Candidate Supported	Office Sough	nt:	House Senate Presidentia	State:		Amount	en en la constant de	0.00
	eneral Election or this Candidate		,					hamilaganilmasi Libase	
	ast, First, Middle Initial) of	Each Payee				Pu	rpose of Exp	penditure	Category/
Mailing Addre	ess					-	Date		Туре
City		State		Zip Code					
Name of Fed	eral Candidate Supported	Office Sough	nt:	House Senate Presidentia	State: District:		Amount		0.00
	eneral Election or this Candidate ▶				Cheshan				
SUBTOTAL of E	Expenditures This Page (or	itional)		·····		···· <u></u>			0.00
TOTAL This Per	riod (last page this line nur	nber only)				▶	The street X		0.00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMM	Communities Applied Policy Strategies
	USE ONLY ONE SECTION, A or B
A. State	and Local Party Committees
Fix	ed Percentage (select one)
	Presidential-Only Election Year (28% Federal)
·	Presidential and Senate Election Year (36% Federal)
	Senate-Only Election Year (21% Federal)
·	Non-Presidential and Non-Senate Election Year (15% Federal)
B. Sepa	arate Segregated Funds and Nonconnected Committees
Flat	Minimum Federal Percentage
If th	e committee will allocate using the flat minimum percentage of 50% federal funds, check
If th	e committee is spending more than 50% federal funds, indicate ratio below
·	Federal %
·	Nonfederal
This	s ratio applies to (check all that apply):
Adn	ninistrative Generic Voter Drive Public Communications Referencing Party Only

1505 - 150 - 1429

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT			
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal pro	pportion of		
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.				
ACTIVITY OR EVENT IDENTIFIER				
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support	U% %	%		
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:	Construction Assessment	O		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	*	%		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER				
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support	%	%		
CHECK IF THE RATIO IS:	Days Change Change Change			
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:		and and and and and		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	Section Committee of the	Sandan Chadren %		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	F-055 ** -:	NOVE DE LA CALLACTE		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support	%	%		
CHECK IF THE RATIO IS:	Calculate Sentence Sent of Calculation (Calculation)	on the state of th		
New Revised Same as Previously Reported				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS:	Samedaran Sameda	MOM EDELIVE &		
Fundraising Direct Candidate Support	0 %	/%		
CHECK IF THE RATIO IS: New Revised Same as Previously Reported				
Garlie as Frewords y nepulted		j		

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	=	C	F	
Ì				

AME OF COMMITTEE (In Full) Communi	ties Applied Policy Str	rategies	
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFEI	0.00
BREAKDOWN OF TRANSFER RECEIVED		Comments of the control of the contr	
i) Total Administrative		massandinas yakaan 12 Noon dha caada madii Damada maadan	0.00
ii) Generic Voter Drive		The control of the co	0.00
III) Exempt Activities			0.00
iv) Direct Fundralsing (List Activity or Event	Identifier)		
a)	รับกระบบการเกลาย์ เกลายนกระบบการเกลายนการเกลายนการเกลายนการเกลายนการเกลายนการเกลายนการเกลายนการเกลายนการเกลายน	0.00	
b)	The second construction of the second constructi		
	Anna de mario de mari	Commentation of the second in a constitution of the second second in a	~ ~ ~
c) Total Amount Transferred For Direct Ful	ndraising	The second and the second and the second	U. U U §
v) Direct Candidate Support (List Activity or	•		
a)	and the state of t	0.00	
b)		0.00	
	ndidate Support	Anguellam militer militar all mande man de mande manife an	
vi) Public Communications Referring Only	to Party (Made by PAC)	and the second s	A A A
TOTALS	FOR BREAKDOWN OF TRAN	ISFER RECEIVED	
TOTAL This Period (Administrative)		O. O O fi	
TOTAL This Period (Generic Voter Drive)		O. O O	
TOTAL This Period (Exempt Activities)		O. O O	
TOTAL This Period (Direct Fundraising)		O. O O	
TOTAL This Period (Direct Candidate Support)		0.00	
TOTAL This Period (Public Communications Refer	ring Only to Party)	0.0	₩.
TOTAL This Period (Total Amount Transferred)		and the state of t	0.00

HOOM - HOO - HOME

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	= 21a OF F	ORM 3X

N/	AME OF COMMITTEE (In Full) Communities App	plied Poli	icy Strategie	es
A.	Full Name (Last, First, Middle Initial)	· ·		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Public Comm (ref to party only) by PAC
	Post of District of the Control of t			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			O. O O
	Activity or Event Identifier:		Category/ Type	Date
	FEDERAL SHARE + NO	ONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		O. O O	O. OO
В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt
		<u> </u>		Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	•	paragrama y	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		and the second	Manuschen Manuschen Van Seiner Steiner
	· · · · · · · · · · · · · · · · · · ·		Category/ Type	Date
		ONFEDERAL	SHARE	TOTAL AMOUNT
	0.00		" °0.′0 °0	0.00
C.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address			Voter Drive Direct Candidate Support
	City State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		: Carrest Annual Language	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		Category/	Francisco Strange Conference Control of the Control
			Туре	Date make a second
		ONFEDERAL	SHARE	TOTAL AMOUNT
	0.00		" O. O'O	0.00
SI	UBTOTAL of Allocated Federal and NonFederal Activity This Pa	ge ONFEDERAL	SHADE	= TOTAL AMOUNT
	O. 0.0	กระเทศได้เลราหนึ่งและคนใหม	0.00	O. O O
T	OTAL This Period (last page for each line only)(Federal share to	21(a)(i) and		are to 21(a)(ii))
		NFEDERAL	en dimension and the constitute of the constitut	
		and and and the	0.00 wasanishamilaani	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE			C	1		
EAR	ī	INF	18h	ΩE	FORM	3)

NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
BREAKDOWN OF THIS TRANSFER i) Voter Registration Total Amount Transferred for Voter ii) Voter ID	r Registration	EGISTRATION 0.00 VOTER ID 0.00		
Total Amount Transferred for Votes III) GOTV Total Amount Transferred for GOT IV) Generic Campaign Activity Total Amount Transferred for General Amount Transferred for Votes Total Amount Transferred for Votes III) GOTV IV) General Amount Transferred for GOT IV) General Amount Transferred for GOT IV) General Amount Transferred for GOT	Security Sec	GOTV O. O O GENERIC CAMPAIGN ACTIVITY		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED O. 0 0		
BREAKDOWN OF THIS TRANSFER I) Voter Registration Total Amount Transferred for Vote II) Voter ID Total Amount Transferred for Vote	r Registration	O. O O VOTER ID O. O O		
Total Amount Transferred for GOT iv) Generic Campaign Activity Total Amount Transferred for Gen	v	GOTV GOTV GENERIC CAMPAIGN ACTIVITY O. O O O. O O GENERIC CAMPAIGN ACTIVITY O. O O		
TOTALS FOR BE	REAKDOWN OF TRANSFER RECEIVE	VED (Last Page Only)		
TOTAL This Period (Voter Registration)	general contract the contract of the contract	O. O O		
TOTAL This Period (Voter ID)	The second secon	0.00		
TOTAL This Period (GOTV)		O. O O		
TOTAL This Period (Generic Campaign /	Activity)	through the control of the control o		
TOTAL This Period (Total Amount of Tra	nsfers Received)	O. O. O. B. Antonia and Antoni		

150% - 1508 - 1478%

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE	30a OF FORM 3X

NAME OF COMMITTEE (In Full)						
Communities Applied Policy Strategies						
A. Full Name (Last, First, Middle Initial) / Full Org	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign					
Mailing Address			Allocated Activity or Event Year-To-Date			
City State	Zip Code	Anna Sana Anna Anna Anna Anna Anna Anna	narradiscond			
Purpose of Disbursement		Category/ Type	Date Control Control			
FEDERAL SHARE 0.00	LEVIN SHA	0.00	0.00			
B. Full Name (Last, First, Middle Initial) / Full Org	ganization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address City State	Zip Code		Allocated Activity or Event Year-To-Date			
Purpose of Disbursement		Category/ Type	Date			
FEDERAL SHARE	LEVIN SHA	one comments and the second district.	0.00			
C. Full Name (Last, First, Middle Initial) / Full Ore	ganization Name		Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date			
City State Purpose of Disbursement	Zip Code	Category/ Type	Date			
FEDERAL SHARE	LEVIN SHA	estanasta estanesta es	0.00			
SUBTOTAL of Shared Federal and Levin Activity Th	•					
FEDERAL SHARE 0.00	LEVIN SHA	0.00	0.00			
TOTAL This Period (last page for each line only)(Fe FEDERAL SHARE			30(a)(ii)) TOTAL AMOUNT			
part of functional particular and pa	LEVIN SHA	_	the second secon			
TOTAL This Period for the Levin Share	manusalinean diseased Thrompolinean Committee Day	0.00				

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full) Communities Applied Policy Strategies				
NAM	E OF ACCOUNT				
	. ,	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	0.00	$\begin{array}{c} 0.00 \\ \end{array}$		
	(b) Unitemized		0.00		
1	(c) Total	paragramment de la company de	perior framework and perior framework and fr		
2.	OTHER RECEIPTS	0.00	0.00		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	$\vec{0}. \ \vec{0} \ \vec{0}$		
4 .	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration	O.	anterior parisary contra per susquir un perinterior in quae e personal quae e perinterior de la contra del la contra d		
	(b) Voter ID	0.00	0.000 parameter		
- i -	(c) GOTV	Samuel Committee of Discontinuous County Proceedings of Samuel Strains County	0.00 parameter de la constitución de la constitució		
ı	(d) Generic Campaign	have the soft and the wife and the soft and the soft and			
	(e) Total	house Lance Survey I bound army Count Discording and according to the form	$\begin{array}{c} 0.00 \\ \end{array}$		
5 .	OTHER DISBURSEMENTS	0.00	0.00		
6.	TOTAL DISBURSEMENTS	0.00	on the second se		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	0.00	0.001		
8.	RECEIPTS(from Line 3)	0.00	and the second section of the second		
9.	SUBTOTAL(Add Lines 7 and 8)	$\begin{array}{c} 0.00000000000000000000000000000000000$	and the state of		
10.	DISBURSEMENTS(From Line 6)	O. O O			
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	0.00	0.00 feetings to the state of t		

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

PAGE OF

TEMIZED RECEIPTS OF LEVIN FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: (check only one) 1a 2				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
<u> </u>	lied Policy Strategies					
Full Name (Last, First, Middle Initial) / Full Organization Name 1.	·	Date of Receipt				
Mailing Address		Amount of Each Receipt this Period				
City State	e Zip Code	0.00				
Name of Employer or Principal Place of Business		Aggregate Year-to-Date				
Occupation		0.00				
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt				
3.		1 0 00 / VXY				
Mailing Address		Amount of Each Receipt this Period				
City Stat	e Zip Code	- bused and and an analysis of the state of				
Name of Employer or Principal Place of Business		Aggregate Year-to-Date				
Occupation		0.00				
Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt				
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Mailing Address	-	Amount of Each Reseint this Period				
City Stat	te Zip Code	Amount of Each Receipt this Period				
Name of Employer or Principal Place of Business		Aggregate Year-to-Date				
Occupation	.,,,,					
Full Name (Last, First, Middle Initial) / Full Organization Name	-	Date of Receipt				
Mailing Address		hamalamatamat homeon hamalamatamat				
City Stat	te Zip Code	Amount of Each Receipt this Period				
Name of Employer or Principal Place of Business		Aggregate Year-to-Date				
Occupation		Aggregate Isanto-bate				
SUBTOTAL of Receipts This Page (optional)	•	0.00				
TOTAL This Period (last page this line number only)	•	0.00				

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)

FOR LINE NUMBER:		PAGE		OF
(check only one)	Д.	4a 4b	4c	5

OF LEVIN FUNDS	Aggregation Page	4a 4c 5 4b 4d		
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad	y not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Communities /	Applied Policy Strategies	S		
Full Name (Last, First, Middle Initial) / Full Organization Nar 4.	me	Date of Disbursement		
Mailing Address				
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		0.00		
Full Name (Last, First, Middle Initial) / Full Organization Nar 3.	me	Date of Disbursement		
Mailing Address		MAN / DED / AAAAAA		
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Organization Name C.		Date of Disbursement		
Mailing Address		M-M / 686 / VIVE		
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Organization Na	me	Data of Dishumament		
D		Date of Disbursement		
Mailing Address				
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement				
Full Name (Last, First, Middle Initial) / Full Organization Nat E.	Date of Disbursement			
Mailing Address		1 2 2 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
City State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement				
SUBTOTAL of Disbursements This Page (optional)	•	0.00		

TOTAL This Period (last page this line number only).....

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FEDERAL Election Commission 1999 E Street N.W WAShington D.C

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(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):